

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

TYSABRI (natalizumab)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES AND THIS COMPLETED
FORM TO (801) 536-0477**

CRITERIA FOR MULTIPLE SCLEROSIS:

- Minimum age requirement: 18 years old.
- Documented diagnosis of Multiple Sclerosis.
- Documented inadequate response or intolerance of a first-line Multiple Sclerosis drug, such as interferon or glatiramer.

CRITERIA FOR CROHNS DISEASE:

- Minimum age requirement: 18 years old.
- Documented diagnosis of Crohn's Disease.
- Documented inadequate response to conventional therapy (i.e. 5-aminosalicylates, antibiotics, MTX, 6-mercaptopurine, or azathioprine).
- Documented inadequate response to at least one Anti-TNF.

NOTES:

- This medication is only payable through J-code J2323 to a physician's office or infusion center. HMO clients enrolled in Molina or Healthy U must make arrangements with their HMO to receive Tysabri.
- This medication is available as a benefit to Non-Traditional Medicaid clients.

AUTHORIZATION:

Initial authorization will be given for one year.

RE-AUTHORIZATION:

Updated letter of medical necessity indicating continued benefit from Tysabri.

8/26/10

<http://health.utah.gov/medicaid/pharmacy>